

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 06/03/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 06/05/2007						
		FINANCIAL PAYER: NCDEM						
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	896	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	652	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	22	3075	3077	2
		21	621	DUPLICATE OF CLAIM-SYSTEM				
3404904	WESTERN HIGHLAN DS LME	8534	180	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		5404	144	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	1066	4458	3392
		8564	143	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.				
3404910	PATHWAYS	8505	1866	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8534	87	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	1	2356	3174	764
		8599	81	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM ENTAL HEALT	4807	39	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS SERVICE				
		8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	71	2359	2288
		191	11	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404913	MECKLENBURG COM ENTAL HEALT	8505	5424	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	749	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	13	8359	8645	286
		21	659	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BENA VIOAL HEAL	8505	17	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		1588	14	CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE	0	45	64	19
		79	8	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM AN SERVICES	8505	442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		4807	47	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS SERVICE	1	595	1628	1033
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404919	GUILFORD CO MEN TAL HEALTHC	8505	7763	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	773	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	8587	8593	6
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	3388	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8000	92	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	3627	5142	1515
		21	76	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8505	2270	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		143	44	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	2419	3725	1306
		11	43	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT ER	8505	8383	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1441	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	9919	10562	643
		143	60	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404923	FIVE COUNTY MH	21	77	DUPLICATE OF CLAIM-SYSTEM				
		11	42	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	241	2653	2412
		8536	35	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	561	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8536	227	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	1	1482	4403	2921
		21	195	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	111	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	70	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	429	3740	3311
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404927	CUMBERLAND CO M HC	8532	48	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
		8950	15	CLIENT ONLY ENROLLED IN TRACK1 NG POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP	0	103	940	837
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404930	JOHNSTON COUNTY MNTL HLTHC	4807	37	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS SERVICE				
		959	11	MAXIMUM NUMBER OF UNITS PER DA Y PREVIOUSLY PAID FOR THIS DATE OF SERVICE.	0	60	322	262
		11	8	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404931	WAKE CO HUM SVC BILLING OF	21	676	DUPLICATE OF CLAIM-SYSTEM				
		8505	402	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	86	2908	11682	8774
		8534	359	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	28	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	52	442	390
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEAL	8534	375	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	308	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1124	2342	1218
		8535	126	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	177	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	178	319	141
3404937	EDGEcombe NASH MNTL HLTH C	8532	15	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
		79	15	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	42	911	869
		21	9	DUPLICATE OF CLAIM-SYSTEM				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	9	DUPLICATE OF CLAIM-SYSTEM	0	76	786	630
		8537	8	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404941	PITT CO MH/DD/S AS CENTER	8505	314	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	58	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	517	1283	766
		7001	43	EXCEEDS THE ONE PER DAY LIMITA TION				

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3404942	ROANOKE CHOMANH UMAN SERVIC	8532	210	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
		21	46	DUPLICATE OF CLAIM-SYSTEM	0	314	1159	845
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	11	316	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		191	30	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	2	436	1118	682
		5404	17	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMA N SERVICES	8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	18	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	2	83	2286	2203
		79	11	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	1104	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	260	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1753	2275	522
		21	160	DUPLICATE OF CLAIM-SYSTEM				
3404957	TIDELAND MENTAL HEALTH CTR	8505	15	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8000	7	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	4	34	547	513
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404979	NEW RIVER AREAM H/DD/SA PRO	8534	3774	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		120	404	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	4281	4666	385
		191	46	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				